

**STATE OF MONTANA
DEPARTMENT OF INSURANCE**

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BUSINESS ENTITY APPLICATION FOR LICENSE

(THIS FORM MAY BE DUPLICATED)

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> SOLE PROPRIETOR | <input type="checkbox"/> CASUALTY | <input type="checkbox"/> LIFE |
| <input type="checkbox"/> PARTNERSHIP | | <input type="checkbox"/> DISABILITY |
| <input type="checkbox"/> CORPORATION | | <input type="checkbox"/> PROPERTY |
| | | <input type="checkbox"/> LIMITED LINES CREDIT |
| | | <input type="checkbox"/> VARIABLE CONTRACTS |
| <input type="checkbox"/> RESIDENT | | <input type="checkbox"/> SURETY |
| <input type="checkbox"/> NONRESIDENT | | <input type="checkbox"/> TITLE |
| | | <input type="checkbox"/> TRAVEL |
| <input type="checkbox"/> NEW | | <input type="checkbox"/> TRIP |
| <input type="checkbox"/> AMENDED _____ LICENSE # | | <input type="checkbox"/> PERSONAL LINES |

1. Name of Agency _____
(As certified by the Secretary of State of Montana)
Federal Employer ID# _____

2. Assumed Business Name (if applicable) _____

3. Business Address _____
(Where Ins. License will be posted) *Street* *City* *State* *Zip*

4. Mailing Address _____
(If different) *P.O. Box* *Street* *City* *State* *Zip*

5. Business Phone _____

6. List the partners of the Partnership or officers of the Corporation and their titles. (Not Applicable to Sole Proprietors)

_____	_____
_____	_____
_____	_____

7. List the individuals to be named on your Montana License. (ATTACH SEPARATE APPLICATION FOR EACH INDIVIDUAL NAMED)

NOTE: For non-residents, these individuals must be shown on your state of residence license.

_____	_____
_____	_____
_____	_____

8. Do you understand that UNLESS NAMED ON THE LICENSE, employees, salaried or commissioned, of the applicant may not solicit or transact the business of insurance for the applicant agency? Yes () No ()

9. Have any of the partners, officers, or directors ever been convicted of a felony? Yes () No ()
If yes, attach copies of court documents: _____

10. Has applicant agency* ever, in this or another state, been refused a license or had a license suspended, revoked or had administrative action taken against it? Yes () No ()

*You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If yes, attach copies of court documents: _____

11. Have you ever had an agency contract with a company canceled for a reason other than lack of production or mutual agreement? Yes () No ()

If yes, give details: _____

12. Are you familiar with the laws of Montana governing the solicitation and sale of insurance? Yes () No ()

13. Do you understand that you are not to solicit or sell insurance until a license has been issued to you by the Montana Insurance Department? Yes () No ()

14. Is the transaction of insurance business one of the purposes listed in your Partnership Agreement/Articles of Incorporation? Yes () No ()

15. Do you intend to use your license as a controlled business license for the writing of insurance on the lives or interests of yourself, your relatives, or those of your employees? Sections 33-17-102(7) and 33-17-201(6), MCA. Yes () No ()

Signature of Proprietor, Partner, or Officer

NOTE: Facsimile Signature is not acceptable on this form